

heart, a cataplasm of mezereon bark applied to the left arm, and thus a purulent discharge kept up from both surfaces. By these means a visible amendment was produced at the end of fourteen days, and, in six weeks, the cure was complete.

Thus far our author. It is scarcely necessary to add, that the improvements in the physical exploration of the chest, a subject which had excited little attention in Germany at the time this essay was written, have removed many of the sources of doubt and uncertainty which have heretofore existed, and made it far more easy to avoid the error of confounding functional with structural disease. Caution, however, is still needed, and the suggestions of Dr. H., if neither very novel or profound, will yet be acknowledged to be the result of careful observation, and to deserve for their honesty of purpose the respect of the profession.—*Ibid.*

SURGERY.

25. *Encysted Dropsy of the Thyroid Gland.*—Upwards of twenty years ago Professor Maunoir of Geneva described a disease bearing a great resemblance to bronchocele to which he gave the name of hydrocele of the neck; and he recommended for its cure the puncturing of the tumour, and after evacuating its contents, the insertion of a seton through it. Three cases are related in which these means of treatment were successful. (See this Journal for Feb. 1836 p. 507.)

In a paper on the treatment of hydrocele in St. Thomas's Hospital Reports, (Nov. 1835) Mr. Green extols the efficacy of the seton in the disease we are noticing. (See this Journal for Aug. 1836, p. 521.)

Dr. SELWYN of Cheltenham in a memoir in the *Lancet* (15 Dec. 1838) states that he has treated "at least a dozen cases with invariable success" by means of the seton.

Dr. Selwyn's claims to the discovery of the existence of such a disease as encysted dropsy of the thyroid gland and of originality in his method of treating it we need not discuss, after what we have already said. His testimony to the value of the seton as a means of cure is however worthy of being recorded.

26. *Division of the Prostate in Lithotomy.*—H. M. PHILLIPS, Esq. Assistant surgeon to the Royal Cornwall Infirmary, strenuously recommends the following modification of the above operation, as diminishing the risk of life usually attending the lateral operation of lithotomy; viz.—hemorrhage, puncture of the rectum, peritoneal inflammation, with purulent deposit about the neck of the bladder; and infiltration with its consequences.

"Having introduced a straight grooved staff into the bladder, and having reached the membranous portion of the urethra by the usual incisions on the left side of the perineum, I cut into the groove of the staff. The staff being still firmly held by an assistant, I introduce the nail of the fore finger of the left hand into the groove, then insert the point of the knife, also into the groove in advance of the finger, its flat surface resting on and parallel to the plane of the nail; both are then carried steadily onward until the knife enters the bladder, indicated by the gush of water; it is then withdrawn, and the finger alone is pushed firmly and fairly into the bladder. The forceps is then introduced upon the finger (the best director in all operations), and the stone is embraced.

"It will be seen that the principle acted upon here is the same as that which proved so successful in the hands of Cheselden, and was so warmly commended by Sir Astley Cooper; namely, the partial separation of the upper from the lower portion of the prostate gland with the knife, completing the separation to the necessary extent without a cutting instrument. Cheselden used for this purpose the blunt-curved gorget, I use the finger. And I do declare, having tried this method on the adult, I have found no difficulty whatever in enlarging the opening sufficiently, by simply protruding the finger into the bladder, which is accompanied with the sensation of a slight tearing.

"The advantages of this mode of operating are—the certainty of avoiding hæmorrhage, or of puncturing the rectum, and the equal certainty of being able to make the opening into the bladder large enough, to extract the stone, and no larger. I may add, that I never yet found any perineum too deep to prevent my enlarging the section of the prostate with the finger; and I am quite satisfied that any lithotomist who may adopt this method will not readily abandon it. —*London Med. Gaz.* 15 Dec. 1838.

27. *Fearn's case of Aneurism of the Innominata, treated by ligature of the Carotid and Sub-clavian arteries.*—The *Lancet*, of 15th Dec. 1838, contains the termination of this case, of which the early history was given in our Nos. for Feb. 1837, (p. 522) and Feb. 1839, (p. 498). The patient died after ten days illness, of pleuritis, Nov. 27th, 1838.

Mr. FEARN states, that the necropsy disclosed the following appearances: "The whole surface of the body was of an intense yellow colour, indicating at once the existence of jaundice: there was much subcutaneous fat. On opening the chest, the lungs did not collapse; this was owing, chiefly, to recent pleuritic adhesions on the right side, and to adhesions of longer standing on the left; the left lung was crepitant and healthy; the pleural membrane covering the middle lobe, and the lower and posterior surfaces of the upper lobe of the right lung, was larded over with recent lymph, and the membrane was also red and vascular; the corresponding portions of lung were solid, exuding a bloody fluid of a muco-purulent character, and presented an example of the red hepatisation. The lining membrane of the windpipe and larger bronchial tubes was healthy in appearance; there was no water in the pericardium or pleural cavities. The heart was very unusually fat for the age of the patient (30 years); its valves, both auriculo-ventricular and semilunar, were healthy; the inner surface of the whole of the arch of the aorta was studded with small cartilaginous and ossific patches. The innominata alone was the seat of the aneurismal disease; it presented a globular tumour, an inch and a half in diameter, pressing upon the front and right lateral portion of the trachea, about an inch above its bifurcation, so as to lessen its diameter about one-third; this tumour, with the exception of a channel of the usual calibre of the innominata, was completely filled with a dense, organized, light-coloured fibrinous coagulum. The coats of the diseased artery had given way on their external and posterior wall; the right common carotid was permeable for about a third of an inch from its origin, and opposite the lower margin of the cricoid cartilage there was an interruption to its continuity where the ligature had been applied in the first operation. The separated portions of the vessel, which were distant from each other the fourth of an inch, were connected merely by cellular membrane; the upper portion of the vessel was impermeable to where the external carotid was given off; the right side of the thyroid gland was much larger than the left, owing, probably, to its increased nutrition from the enlargement of the inferior thyroid artery, in carrying on the collateral circulation; the subclavian artery was healthy; the branches of the thyroid axis were considerably enlarged; the main trunk was severed just at the external margin of the anterior scalenus, in the same way as the carotid. In the abdomen we found the liver harder than usual, and of a lighter colour; the gall-bladder was very much distended with bile; the stomach and intestines healthy; the kidneys presented an example of Bright's disease; they had a mottled appearance, showed much fat when cut through, and the secreting portions of the organs were almost entirely absorbed, the tubuli extending to their surface. There were numerous extravasated spots of blood upon the lining membrane of the pelvis of each kidney; there was nothing else worthy of observation.

"If we take into review the whole of the circumstances of the interesting case which has thus terminated, we cannot but arrive at the conclusion, as I observed in my last communication upon it, that the steps which were adopted for the relief of the patient were the means of saving her from an otherwise inevitable death; and we may further affirm, taking into account the post-mortem

appearances above recorded, that the distal operation for aneurism of a vessel so near to the heart even as the innominata, is abundantly sufficient for its cure. It is quite true, that in this case a considerable tumour remained after the operation, but the previously existing sac was so completely blocked up with the dense coagulum which Nature had employed for the cure, that there was no longer any risk of death from its rupture. Had the patient escaped the casualty which led to her death, and lived but a few years longer, it is more than probable, looking to what occurs in aneurisms seated externally to the great cavities, where a ligature has been employed, that the tumour, in this instance, would have disappeared entirely. I saw a case, a few years back, of aneurism at the bend of the arm, produced by bleeding, which was treated by ligature of the brachial artery; the tumour, at the time of the operation, was as large as a man's fist; but though the progress of the disease was arrested by the operation, two years elapsed before the swelling was entirely dissipated. All this is owing, no doubt, to the imperfect state of organization of the mass of coagulum, and to the almost total absence of absorbent vessels.

"It may not be amiss to mention, that the patient lived two years and three months after the ligature of the carotid, and sixteen weeks and five days after the subclavian had been tied."

28. *On the cure of wry neck by dividing the sterno-cleido-mastoid muscle beneath the skin.*—By PROF. DIEFFENBACH of Berlin. The cure of wry neck, by dividing the sterno-cleido-mastoid muscle beneath the skin, is the ingenious invention of Dupuytren. Eight years ago I communicated some favourable results of my experience in this operation in "*Rust's Surgical Cyclopædia*," Vol. III., page 623, in the article *Caput Obstipum*, and since that period I have had many opportunities of repeating it, more especially since Stromeyer, by his admirable operation on club-feet, directed our attention to the division of other contracted tendons and muscles. The advantages of this mode of operation by a small punctured wound, consist in obtaining a quick and durable cure, and in avoiding an ugly cicatrix, which generally produces new contractions. The former method which, consisted in exposing the lower part of the contracted muscle, making an incision through the integuments and dividing the muscle on a director, requires a long after-treatment. In this case the cicatrix uniting the ends of the muscle adheres to the cicatrix of the skin, and an obliquity in a higher and much less curable degree takes place. In the old operation it sometimes happened that the pus found its way to the anterior mediastinum, or the whole cellular tissue of the neck sphacelated, and a relapse of the contraction, or death followed. The new operation of Dupuytren was at first received with enthusiasm, and everywhere adopted. It is remarkable, however, that in France it was nearly forgotten until very lately revived by Guerin, Bouvier, and Duval.

The instrument which I use in this operation is a very narrow falsiform knife. The patient is placed in a chair; one assistant draws the head to the opposite side, and another depresses the shoulder of the affected side; by this means the muscle is rendered more prominent. I now pinch up the skin and muscle, with the thumb and index-finger of my left hand, and insert the knife, under the muscle, then turn the edge of the knife towards the muscle, until the point reaches the skin on the opposite side, which, however, is not pierced. While drawing out the knife, pressure by the thumb of the same hand is employed, and the muscle is divided. At the moment of the division a dull, soft, cracking noise is generally heard, produced by resonance of the thorax, and sometimes this noise is very loud. The best place to insert the knife is in the triangular space between both portions of the muscle, half an inch above their insertions. If operating on the left side I divide from this point the anterior portion, and then, in an opposite direction, the posterior one. At the right side I introduce the knife between the trachea and the anterior portion of the muscle, and after having divided the latter, I cut the posterior part if required. At the moment of drawing back the knife through the punctured wound I quickly press with the thumb upon the spot to prevent an extravasation of blood beneath the skin; I cover it

with a solid dossil of lint and straps of adhesive plaster, and then apply a bandage. Two neckhandkerchiefs serve to support the head in the former oblique direction, without straightening it. This is done partly to prevent a collection of blood, and partly to promote the union of the divided muscle. The patient is ordered to keep quiet, in a horizontal position in bed, and to take a mild antiphlogistic diet.

In most cases the wound heals very quickly. At the place of a divided muscle a swelling is commonly found; sometimes a fluctuation is felt, owing to a collection of blood. In the latter case the plasters are again applied more firmly, to accelerate the absorption, and this has soon the desired effect. Lukewarm lotions, and frictions with warm oil, are sufficient to cause the absorption of any tumefaction which may remain. If suppuration takes place, the pus should be evacuated by an incision and simple dressing applied. The following cases, however, will show how rarely this is met with.

In my first cases, and in those in which the vertebræ of the neck were very much displaced laterally, in consequence of the muscular contraction, I used to extend the neck gently some weeks after the operation upon the extending bed, or with Glisson's swing, in a sitting posture. More recently, however, I confined myself almost exclusively to a collar half the breadth of the neck, made of pasteboard enveloped in thick cloth, which forced the patient to bend the neck to the opposite side. I found the latter of more use than violent extension, which only inclines the muscle to react, makes it tender, and therefore must be removed, in consequence of which the head again inclines to the affected side.

I will now detail some cases in which the operation was performed with the best results:—

CASE 1.—Charles Meir, tailor, 24 years old, suffered from a shortening of the right sterno-cleido-mastoid muscle. From his thirteenth year he wore an iron instrument, but the obliquity of the neck increased, and he was obliged to leave it off. I divided both insertions of the muscle at separate times. I supported the bandage above-mentioned by a spica humeri. No extravasation of blood nor suppuration followed. The patient was confined ten days to bed, and I afterwards extended the neck gently for a time. The cure was completed in three weeks, and the patient's neck became perfectly straight.

CASE 2.—The son of the Councillor Dorn, five years old, was born with a shortening of the right sterno-cleido-mastoid muscle. Machines had been applied without any benefit. I divided both origins of the muscle. The hemorrhage from the wound was so profuse that the patient fainted. I used the same bandage; there was no extravasation of blood, no suppuration, and the cure was complete at the end of the third week.

CASE 3.—A relation of the above-named boy, living in the same family, eighteen years old and tall, was also afflicted with a considerable shortening of the right sterno-cleido-mastoid muscle, so that the head could only be moved from the right shoulder to the extent of half a hand's breadth. The division of both heads of the muscle occasioned a very loud cracking noise, partly arising from the strong extension, partly from the meagreness of the young man. Scarcely a drop of blood was shed; the wound healed in a few days, and in four weeks the young man was perfectly cured.

CASE 4.—A. Köpfer, of Frankfurt, six years old, afflicted with contraction of the right sterno-cleido-mastoid muscle, had been treated with machines two years without success. I divided the muscle. The wound healed in three days. Eight days after the operation the child was sent home perfectly straight.

CASE 5.—F. Striech, a stout boy, ten years old, had a strong contraction of the right sterno-cleido-mastoid muscle. The whole muscle projected like a hard, tendinous ligament, and the head was very oblique. The divided parts separated with a loud cracking noise. The wound closed in a few days, and the patient was cured by the use of a swing, and by a bandage round the neck.

CASE 6.—The Baroness de Schalten, eleven years old, afflicted with contraction of the right sterno-cleido-mastoid muscle, had for a long time tried gymnastics, but had not used a machine. I divided both portions of the muscle: the

lady was kept quiet during eight days; afterwards the ordinary bandage was applied, and she was perfectly straight at the end of the third week.

CASE 7.—F. P. Pietish, three years old, affected with shortening of the anterior portion only, was perfectly cured in five days. In this case it was not even necessary to employ a bandage.

CASE 8.—The daughter of a servant of Mrs. Scholz, five years old, was born with a strong contraction of the right sterno-cleido-mastoid muscle. The treatment did not differ from that already described, and the cure was perfect in the second week.

CASE 9.—C. Schmidt, five years old, suffered from a strong contraction of the sternal portion of the right sterno-mastoid muscle. He was discharged nine days after the operation perfectly cured.

CASE 10.—Mr. Eben, nephew of the private Councillor Bethe, at Berlin, was born with a shortening of the right sterno-cleido-mastoid muscle, and in his twenty-second year was much disfigured by a great degree of obliquity. I divided both portions of the muscle. The noise produced was so loud, that I was startled. In three weeks the cure was complete, and the young man perfectly straight.

CASE 11.—C. Sponholz, from Saxony, ten years old, was affected with a strong contraction of the right sterno-cleido-mastoid muscle, by which the head was closely approximated to the shoulder, and at the same time displaced towards the vertebral column. This boy was discharged perfectly cured, on the twelfth day after the operation.

CASE 12.—Augusta Lienig, fifteen years old, distorted, meagre, scrofulous, with a contraction of the right sterno-cleido-mastoid muscle like a fork. I divided them from one point. A fortnight afterwards the girl was perfectly straight.

CASE 13.—was that of a boy six years old, the son of a carpenter, with a contraction of the right sterno-cleido-mastoid muscle. The anterior portion only of the muscle was divided, and by this means the obliquity was removed. The bandage employed was the common one; the child was confined to bed during eight days; two days afterwards the cure was complete.

CASE 14.—Maria Schoenig, an amiable girl, eleven years old, affected with a congenital contraction of the right sterno-cleido-mastoideus, affecting, however, only the posterior portion of the muscle, was perfectly cured by division in twelve days. The dressing was the common one, and, as in the foregoing cases, no supuration took place.

CASE 15.—Charles Von Schack, son of the Chamberlain Von Schack, of Mecklenburg, was born with a contraction of the right sterno-cleido-mastoideus. Every thing had been done to cure him, but in spite of treatment the muscle could not be extended. I divided both the contracted portions, a difficult task, on account of the liveliness of the child. Some days afterwards a fluctuation from extravasation of blood in the wound was perceived; a strong compression, however, produced absorption. The boy became quite straight, and left Berlin in six weeks after the operation.

CASE 16.—Miss Roeser, twenty-three years old, suffered under considerable obliquity of the neck, towards the right side. I divided both portions of the sterno-cleido-mastoideus, which separated with a cracking noise. The usual dressing was employed; a little extravasation took place, but was soon absorbed.

CASE 17.—The subject of this case was six years old; I divided the anterior and posterior portions of the right muscle; and a fortnight after the operation the head was perfectly straight.

CASE 18.—The boy Moll, four years old, affected with contraction of the right sterno-cleido-mastoideus, was discharged a fortnight after the operation, perfectly cured.

CASE 19.—Jeshlin, fourteen years old, was afflicted with torticollis in a great degree, so that the head almost touched the shoulder. The treatment, after the operation and simple dressing, was that usually adopted. On account of the

great degree of obliquity, it became necessary to turn the head to the opposite side soon after the operation. This gave rise to inflammation, and a large abscess formed. This was accompanied by fever, with nervous symptoms. The abscess was lanced, poultices were applied, and a simple treatment adopted, by which the fever subsided, and in six weeks the patient was perfectly well and straight.

CASE 20.—In a boy, aged eighteen months, from the country, affected with strong contraction of the right sterno-cleido-mastoideus, I divided the anterior portion of the muscle. A strip of adhesive plaster and a neckerchief were sufficient to effect a cure. This shows that in very young children even the paste-board is superfluous.

CASE 21.—C. Kiesling, six years old, affected with strong contraction of the left sterno-cleido-mastoideus, was discharged perfectly well four weeks after the operation.

CASE 22.—A boy, five years old, was born with considerable shortening of the right sterno-cleido-mastoideus; the division of both portions perfectly removed the complaint. A fortnight after the operation no farther after-treatment was necessary.

CASE 23.—The daughter of a merchant, nine years old, had been treated by machinery for a long time, for extreme contraction of the right sterno-cleido-mastoideus and distortion of the upper part of the spine. I divided both portions of the muscle, and, after having closed the wound, employed Glissou's swing. After four weeks the head was perfectly straight.

CASE 24.—The son of the apothecary Ehrhard, fourteen years old, suffered under the highest degree of contraction of the right sterno-cleido-mastoideus and distortion of the upper part of the vertebral column. I divided both portions of the muscle, but the obliquity was not entirely removed; and, even after the most careful treatment during seven months, I did not succeed in making the head quite straight. I shall operate again, as the muscle has become tense, especially at the posterior part.

CASE 25.—The son of Bückling, carpenter, six years old, affected with contraction of the right sterno-cleido-mastoideus, was perfectly cured in a fortnight, by dividing both portions of the muscle.

CASE 26.—Mr. Dohm, student of divinity, was so disfigured by contraction of the right sterno-cleido-mastoideus, that it would no doubt have prevented him from pursuing his professional duties. I divided both portions of the muscle; and the operation, after a few weeks, was perfectly successful.

CASE 27.—The son of Mr. Werkenthin, three years old, was affected with a contraction of the right sterno-cleido-mastoideus. In presence of the Councillor of State, Arndt, I divided both portions of the muscle, only a few days ago, and he will be cured in a short time.

CASE 28.—A young man, thirteen years old, apprenticed to a tailor, was perfectly cured, in a fortnight, by division of the anterior portion of the right muscle.

CASE 29.—Maria Wolgast, eleven years old, daughter of a smith, and a very intelligent child, was born with contraction of the left sterno-cleido-mastoideus. Machines had been used during several years, without any success. I divided both portions of the muscle, and the recovery was so quick, that on the ninth day the child might have been considered as perfectly straight.

CASE 30.—Maria Helucke, eight years old, was born with contraction of the left sterno-cleido-mastoid muscle. Her five sisters and brothers had all suffered under the same complaint; four of them died, and one brother was greatly disfigured by an extreme degree of the disease. The surgeon of the staff, Mr. Müller, divided the sternal portion of the muscle in the girl, and immediately after the operation the head became straight. The dressing and after treatment which was employed, did not differ from that already described. The cure was complete on the third week.

CASE 31.—I performed the operation on her brother Charles, twelve years of age, immediately afterwards, by dividing portions of the contracted muscle. This

case was one of extreme difficulty. The head almost touched the shoulder, and the contraction of the muscle was uncommonly strong. At the same time the cervical vertebræ were distorted laterally. After the operation a considerable effusion of blood ensued, and the fluid became decomposed. The abscess was opened by a small incision, after which the cure was soon completed.

CASE 32.—A boy, twelve years old, was afflicted with strong contraction of the right sterno-cleido-mastoideus, by which the head was drawn close to the shoulder. The vertebræ of the neck likewise deviated from their normal direction. Von Graefe had divided the muscle, but by laying it bare before the operation, according to the old and obsolete method. After the wound healed, a new contraction of the muscle ensued, and required another operation. This was done by the same surgeon likewise after the old method. He applied extension, but without success. According to the account which was given by the father, the duration of this long though unsuccessful treatment was three months. On being called in, I found the sterno-cleido-mastoideus strongly contracted, and very hard at the lower part, a circumstance produced by the cicatrices; on bending the head to the opposite side, the lower part of the muscle, where it had been divided, did not project, as it was bound down by indurated cellular tissue. It became most prominent in its middle part. Here I divided the muscle completely across, by inserting the knife at its posterior margin, then carrying it under the muscle, and drawing it back again without injuring the skin; no extension was employed. The patient was able to leave the room five days after the operation. No extravasation of blood or suppuration took place; the vertebræ of the neck remained a little oblique; this, however, gradually ceased.

CASE 33.—Charles Lehmann, nine years old, born with a contraction of the left sterno-cleido-mastoideus, and considerable distortion of the vertebræ of the neck. I divided both portions of the muscle. No accident followed, and the cure was complete in eight weeks.

CASE 34.—Maria Weber, aged eighteen months, was afflicted with contraction of the right sterno-cleido-mastoideus and curvature of the vertebræ of the neck. I divided both portions of the muscle, and the cure was complete in four weeks.

CASE 35.—Miss Epner, of Potsdam, thirteen years old, was born with contraction of the right sterno-cleido-mastoideus. She had been treated by machinery, but without success. I divided both portions of the muscle, and a perfect cure was obtained in a fortnight.

CASE 36.—Albert Wreske, of Brandenburg, was born with contraction of the left muscle. The consequence was a well-marked curvature of the vertebræ of the neck. The weakness of the young man had always presented an obstacle to all former treatment; a perfect cure was obtained in four weeks.

CASE 37.—Maria Zimmer, nine years old, affected with congenital contraction of the left sterno-cleido-mastoideus. I divided both portions of the muscle, and a perfect cure was the result.

Remarks.—Of thirty-seven cases operated upon none died, but all, with the exception of one, were perfectly cured. This one requires a second operation, which will be trifling. On one occasion only, severe hæmorrhage took place, but without any bad consequence; and in another the formation of pus rendered some precautions necessary.

In all the individuals submitted to my care I have observed some obliquity of the face; the side at which the musculus sterno-cleido-mastoideus was contracted, was always drawn downwards, and the other appeared somewhat higher; the eyelids, angle of the mouth, and the wings of the nose were drawn downwards. In young children, and where the disease is milder, the face often becomes straight in a few weeks after the operation. In adult persons, and in the more important forms of the disease, the bones of the head and of the face are implicated, and months, or perhaps years, are required to restore the natural appearance of the face. In those cases where the vertebral column is deviated, the restoration of the head to its upright position forces the spine to become straight, in order to preserve the equilibrium of the body.

Of the whole number of cases, contraction of the left muscle existed only five times. In all the others it existed on the right side. The reason of this could not be sought in the generally stronger development of the right side of the body, and in the greater use of the right arm, as the children were either born with contraction of the muscle, or the obliquity was observed in the tenderest age.

These cases show that the division of the muscle with the preservation of the skin covering it, deserves to be preferred to the old method, in which an extensive incision of the skin is made; even in one case it was successful after Baron Van Graefe had operated twice according to the latter method.

I am much indebted to Drs. Böhm, Berendt, Reich, Holthoff, and Mr. Hildebrandt, for their indefatigable care and skill in the after-treatment of these cases, by which alone these favourable results could be obtained, and in comparison to which the act of the operation itself is very unimportant.—*Lancet*, Sep. 22 and 29, 1838.

29. *Hydrocele*.—M. DUJAT in a memoir in the *Gazette Médicale de Paris*, for September last, gives the following interesting table of the cases of hydrocele, treated with iodine injections, at the Native Hospital of Calcutta, from the 1st of January, 1836, to the 5th of January, 1838. The table is compiled from the registers of the hospital, which were kindly furnished to him for the purpose, by Mr. J. R. Martin, the original proposer and advocate of this mode of treatment.

AGE.	Right Side. Quantity of liquid in tunica vaginalis.							Left Side. Quantity of liquid in tunica vaginalis.							Cases of Double Hydrocele.	Total number of Cases.
	Less than 10 ounces.	From 10 to 19 ounces.	From 20 to 29 ounces.	From 30 to 49 ounces.	From 50 to 79 ounces.	From 80 to 99 ounces.	From 100 to 120 ounces. Total.	Less than 10 ounces.	From 10 to 19 ounces.	From 20 to 29 ounces.	From 30 to 49 ounces.	From 50 to 79 ounces.	From 80 to 99 ounces.	From 100 to 120 ounces. Total.		
From 18 to 21	10	4	"	"	"	"	14	6	5	"	"	"	"	11	16	41
From 21 to 25	29	11	7	4	"	"	51	32	13	11	"	2	"	58	64	173
From 26 to 35	50	44	38	13	2	"	147	55	45	29	13	"	2	147	179	473
From 36 to 45	18	24	17	12	1	"	72	23	23	34	9	5	1	95	90	257
From 46 to 59	5	6	4	2	"	"	17	"	1	4	"	"	1	6	20	43
From 60 to 70	"	2	1	1	"	"	4	"	2	1	4	1	"	8	1	13
	112	91	67	32	3	"	305	116	89	79	26	8	4	325	370	1000

The injection recommended by Mr. Martin is composed of one part of the tincture of iodine (of Majendie) and three of water, and the quantity of this to be made use of varies with the size of the tumour. For hydroceles containing from 6 to 30 ounces of liquid, two drachms are sufficient; for those containing from 30 to 60 ounces of liquid, three drachms; and from four to five drachms are required for those of a larger size. When the hydrocele contains less than 3 ounces, one drachm of the injection is sufficient. It is the very small quantity of fluid injected, and the retention of it in the cavity of the tunica vaginalis, which characterises the method of Mr. Martin. See the Numbers of this Journal for Nov. 1837, p. 258, and Feb. 1838, p. 484.

30. *Dislocation of the Radius forwards*.—An example of this rare accident is recorded by Mr. COLEY, in the *Lancet*, (10th Nov., 1838). It occurred in a boy 10 years of age, and was caused by a fall from a horse. The elbow came, with great force, in contact with a stone on the road, which fractured the internal condyle of the humerus, and forced the upper head of the radius forwards over the outer condyle. The forearm was semi-flexed and the hand prone. The radius admitted of rotation, and its dislocated head could be seen in motion at the same time in its new situation: the forearm could neither be bent nor rendered straight beyond a certain point. There was a puckering of the integuments just above the dislocated head of the radius, and the fractured condyle was felt projecting below; so that, at first sight, the displacement appeared to be lateral.

The accident having occurred two days before I saw the patient, the parts adjoining the injury were swollen and inflamed. Extension, according to Sir Astley Cooper's directions, was tried without success. I then placed the arm over the back of a chair with the external condyle uppermost, and confining it in this situation by an assistant, I bent the forearm downwards, gently extending the hand at the same time, and thus readily replaced the head of the radius.

31. *Extirpation of the Tongue*. By M. REGNOLI, Professor of Clinical Surgery at Pisa.—A young girl, *ætat.* 14, of a scrofulous constitution and not regular, was admitted into the wards of M. Regnoli, April 29th, 1838, for a disease of the tongue. Upon examination, a tumour of the size of a hen's egg was observed on this organ, extending from its anterior third to its base, and filling up all the posterior part of the mouth and the throat. Its posterior limit could not be discovered. The external edge of the tongue was healthy for the breadth of two lines. The finger carried to the posterior part of the mouth showed the tumour to extend to the base of the tongue. The whole thickness of the tongue was comprised in the tumour. The surface of the tumour was granulated in several points and bled during mastication and after examinations with the finger. The blood spirted at times as from an artery. The mass was rather hard than otherwise, was wrinkled and not painful to the touch. Mastication, deglutition, speech and respiration were so difficult, that the patient was often threatened with suffocation. The intelligence of the patient being very limited and her speech difficult, it was impossible to learn much in regard to the history of the tumour, but it was ascertained that she had begun to speak with difficulty two years previously. Although it had been satisfactorily ascertained by the touch, that no liquid was contained in the tumour, yet M. Regnoli judged it proper to make an exploring puncture into it with a cataract needle: from this nothing but blood was discharged.

Operation.—On the 18th of May, the patient being seated and the head supported upon the breast of an assistant placed behind her, an incision was made in the direction of the median line extending from the symphysis of the chin to the os hyoides. Two other incisions departing from this were then made, one to the right and the other to the left, commencing at the upper extremity of the first incision and extending in the direction of the base of the lower jaw to the anterior edge of the masseter muscle, care being taken not to wound the facial artery. From these three incisions there resulted a wound of the form of the letter T and consequently two flaps. These two flaps comprising the skin, cellular tissue, and the platysma hyoid muscle were dissected back and the muscles beneath laid bare. The operator then plunged a straight bistoury from below upwards, behind the symphysis of the skin, dividing the attachments of the genio-hyoid and genio-glossus muscles, perforating the mucous membrane of the mouth and causing the point of it to appear behind the incisor teeth. A blunt pointed bistoury was then introduced into the same opening from below upwards, and the attachments of the digastric and mylo-hyoid muscles and of the buccal mucous membrane divided, first on the right, and afterwards on the left side as far as the anterior half arches. But three or four vessels required

ligature. The tongue was not forcibly retracted, an occurrence which the operator was prepared to meet. The floor of the mouth being largely opened by the incisions, the end of the tongue was seized with the forceps of Museux and drawn downwards through the opening on the anterior part of the neck. The tongue was then seized with the fingers and drawn out so as to expose the whole tumour. The base of the tumour was encircled with several ligatures in order to prevent hæmorrhage from the lingual arteries. To do this a long curved needle was passed in the muscular mass on the left resulting from the division of the mylo-hyoid, genio-hyoid muscles, &c. In this ligature *en masse* the lingual artery was comprised. A second ligature was passed at the posterior part of the tumour, including therein the substance of the tongue parallel to the os-hyoides. The right lingual artery was secured *en masse* in the same manner as that on the left side.

After having included in ligatures the whole circumference of the tumour, all the parts beyond were removed by repeated cuts with the scissors. At each cut but a few lines of tissue were divided, in order that any arteries which might spring, could be tied as soon as divided. No vessel, however, required the ligature, and the diseased mass was entirely removed without any difficulty. A small cautery was applied to the stump in order to arrest completely a slight oozing of blood from it, the ligature which had been passed parallel to the os-hyoides having become loose under the action of the scissors.

The stump was afterwards re-introduced into the cavity of the mouth. Not a drop of blood was thrown out into the glottis. The external wound was but partially closed, and the ends of the ligatures were left hanging out, in order that the discharge from the parts might be facilitated. The diseased mass included almost the whole of the tongue and the tumour. The latter was of a fungus nature, whitish and apparently scrofulous.

After the operation, small pieces of ice were directed to be held in the mouth. Violent reaction followed, for which she was bled. On the fourth day the dressings were changed: healthy suppuration. On the eighth day, union was beginning to take place. The 3d of July, the floor of the mouth was completely cicatrised: food and drink were swallowed as well as if the tongue existed. The hyoidean stump had considerably increased in size, and replaced in part the functions of the tongue. The speech had in a great measure returned, the patient speaking much better than before the operation, and she had regained her flesh and colour.—*Gazette Médicale de Paris*, December, 1838—from *Bulletino della Scienze Mediche di Bologna*.

32. *Case of Ileus in which Gastrotomy was performed.* By M. MONOD, Surgeon to the Hôpital Cochin at Paris.—The patient was a woman ætat. 25, whose general health had been good till one year previous to her entrance into the hospital, though occasionally she had been afflicted with pain at the epigastrium and vomiting. She stated that about one year previously she had received a blow in the ileo-cæcal region. In the beginning of March, 1838, the pain left the epigastrium, and was felt towards the lower part of the right side; and was attended with colic and diarrhœa, but no vomiting. The third day after this attack, a large hard tumour appeared in the ileo-cæcal region. For two months the diarrhœa continued almost constant; and at the end of that time was succeeded by constipation and vomiting of a greenish transparent matter. Loss of flesh and diminution of strength followed, and on the 8th of May she entered the hospital.

Upon examination the tumour in the ileo-cæcal region was found to be three or four inches in length, and two or three in breadth, ovoid, hard, scarcely sensible on pressure, deeply seated and not moveable. Examination by the vagina and rectum made known nothing anormal in these passages; but a hardness was thought to be felt through their parietes towards the right side of the pelvis.

The treatment, consisting in the application of leeches, emollients, enemas and purgatives was not followed by any benefit.

On the 23d her symptoms were all worse—the character of the matter vomited

was changed, and ultimately consisted entirely of fecal matter. A pill of croton oil was at last successful in producing stools, and was followed by prompt improvement—the vomiting ceasing, colic disappearing, and the tumour diminishing in size.

1st, 2d. and 3d. of June, constipation attended with severe pains; vomiting of bilious and stercoraceous matters again had place. Purgative enemata without benefit followed by a pill of croton oil grt. ij.

4th, symptoms continue—Ice is applied to the tumour, and is held in the mouth—croton oil repeated—enemata of ice water.

There being no amelioration of the symptoms on the 5th, M. Monod decided upon performing the operation of gastrotomy at the point of obstruction. An oblique incision from two and a half to three inches in length was made in the lower part of the right side of the abdomen, and the muscles carefully divided down to the peritoneum.

This membrane being divided, a loop of intestine presented itself having a band of longitudinal fibres, which caused it to be easily recognised as belonging to the large intestine. This was pushed back into the abdomen, and the fore finger carried deeply into the cavity made known a hard swelling behind and above the cæcum. Another loop of intestine was drawn out, which proved to be the small intestine, and was red and swollen, and did not offer any great sensibility. This was cut with scissors in the direction of its longitudinal fibres to the extent of about an inch and a half. Immediately a large quantity of fecal matter was discharged which occasioned considerable relief. The intestine was fixed to the edges of the cut by means of sutures, and the wound dressed with cerate and charpie. Death took place on the morning of the 7th. *Autopsy.* Peritoneum much inflamed with a quantity of sero-purulent liquid in its cavity. The incision in the ileum had been made from eight to nine inches above the cæcum. The seat of the obstruction was found to be at the superior and posterior part of the cæcum, at its junction with the ascending colon. When laid open the cæcum showed a contraction so considerable as to admit only of the passage of a female catheter. On a level with this stricture the cæcum was firmly adherent to the parts beneath, and was connected with a very hard, whitish, scirrhous mass of the size of a walnut.—*Archives Générales*, August, 1838.

[The rage for cutting is we know carried by some Parisian gentlemen to a sad height; and this will continue to be the case so long as operations of the most serious nature are performed in their public institutions without previous consultations. We cannot for a moment suppose that a consultation of the surgeons of any hospital in the city of Paris would have sanctioned the above operation. Even supposing that the diagnosis had been correct, and that the case had been one of simple uncomplicated ileus, still the operation would have been entirely unjustifiable.

In connection with the above, we lay before our readers the following statement which has been recently copied into several of our newspapers from their French contemporaries. As yet we have seen no mention made in their medical periodicals of any such decision as that spoken of, though as the statement has been furnished by the well known correspondent of the New York American, we have no doubt of its entire truth. Taking the foregoing case, extracted from one of their most respectable periodicals without a remark, as an example, we think the decision of the council came none too soon. Such an operation should meet with unqualified disapprobation, and no means should be left untried to prevent the performance of them.

“It having been observed that of late years the mortality among the patients upon whom operations have been performed in the hospitals of Paris has greatly increased; the members of the council decided that there should be formed a monthly report of all the operations performed in the hospitals, specifying the nature of the operation, the name of the surgeon who performed it, the number of deaths and cures, and other circumstances. The first report, which has recently been made, shows that some of the operators have lost two, and even three out of five of their patients. At the same time, it is proved that the mortality is less since the establishment of this report.” We can readily conceive of a mortality of

three out of five of those operated on, in a service in which gastrotomy is performed for the cure of scirrhus stricture of the intestine. G. W. N.]

33. *Desault's apparatus for fractured femur.*—Dr. DAVIDSON states that Desault's apparatus is generally employed in fractures of the thigh bone in the Glasgow Infirmary; and that as far as his experience goes, it is better calculated to preserve the bones in proper position, and to maintain the proper length of the limb, than the double inclined plane; but in cases where the fracture is complicated with extensive injury of the soft parts, or of the knee-joint, a relaxation of the muscles is of essential benefit in preventing irritation and subsequent inflammatory action.—*Edinburgh Med. & Surg. Journ.* Jan. 1838.

34. *Hydrocele treated by acupuncture.*—Dr. DAVIDSON reports the two following cases of hydrocele treated by him in the Glasgow Royal Infirmary by acupuncture.

"James Snedden, collier, aged 44, was admitted on the 14th of February, 1837. The right *tunica vaginalis* was considerably distended, tense, diaphanous, elastic, and afforded a feeling of fluctuation. He complained only of uneasiness of the loins, caused by the weight of the tumour when standing erect. The swelling commenced about eighteen months ago, but disappeared entirely and spontaneously, according to patient's account, about six months after. The re-accumulation of fluid commenced about a year ago, and the tumour has since then gradually increased in size. A common sewing needle, headed with a little sealing-wax, was introduced into the *tunica vaginalis*, and on withdrawing it, a drop of colourless fluid appeared at the orifice of the puncture. A small piece of plaster was applied over the puncture, and a discutient lotion afterwards to the scrotum.

"On the following day, viz: the 15th, the tumour was found diminished to one-half its former size, and the testicle was found enlarged and indurated. The integuments were flaccid, and had a doughy oedematous feel, from the infiltration of the fluid into the cellular texture. He felt no pain in the parts; and there was not the slightest trace of inflammatory action in the neighbourhood of the puncture.

"On the 16th of February acupuncture was repeated, on account of a re-accumulation of fluid, though the scrotum was still flaccid. On the 21st, the tumour had greatly diminished in size, and there was now no fluid in the lower part of the sac, but there was still some translucency at the upper part around the cord. The puncture was repeated, and the next day the scrotum was perfectly flaccid, and there was no translucency in any part of it.

"On the 1st of March, the tumour was again punctured on account of a re-accumulation, with the result of nearly emptying the sac; but the fluid again collected; and on the 6th March it was again punctured in the region of the cord, transparency and swelling being chiefly situate there. On this occasion, and also in several subsequent punctures, the needle was removed freely about against the internal surface of the *tunica vaginalis*.

"On the 12th, the swelling had diminished less rapidly than before, and there was still some fluctuation. The puncture was repeated. He was now put on calomel and opium, which affected his mouth in about eight days; and the punctures were repeated every four or five days until he left the Infirmary on the 8th of April; but very little change was effected in the swelling, which was now chiefly confined to the neighbourhood of the cord, and was still diaphanous. The enlargement of the testicle, however, diminished considerably after the operation of the calomel and opium.

"James Kelly, aged 21, piecer, admitted 15th March, 1837. The right *tunica vaginalis* was greatly distended with fluid, and was extremely tense and elastic. The swelling was diaphanous, and the testicle was seen, by transmitted light, to be somewhat larger than natural at the upper and posterior part. The hydrocele commenced originally about three years ago, and has been twice tapped within the last six months. The general health was good. In this case, acupuncture with a sewing-needle was performed four or five times, at the inter-

val of two or three days, with the effect of diminishing the size of the swelling, but there always remained in the sac a considerable portion of the fluid, and much more than in the case previously related. He left the hospital after having been there about a fortnight; but I understand that he returned in about six weeks, and that he was tapped and treated by the usual method, by injection, for the radical cure of hydrocele.

"This mode of attempting to cure hydrocele radically has excited some attention of late amongst surgeons, from its novelty and simplicity; and were it in general ultimately successful, it would be the most simple and at the same time the most extraordinary operation that is recorded in surgery. Even upon the supposition that it is only a palliative or substitute for the common plan of tapping with a trocar, the discoverer is entitled to much credit; for a puncture with a sewing-needle is attended with scarcely any pain, and the most timid of men would submit to it without apprehension. The results arising from the treatment of two cases are not enough for drawing any certain conclusion; but certainly they tend to establish this point, that no particular change is effected upon the internal coat of the *tunica vaginalis*, and that the fluid reaccumulates as after ordinary tapping with a trocar.

"In both the cases that have been detailed, the needle was introduced perpendicular to the surface of the tumour, and in almost every instance, the drop of clear fluid, which is reckoned characteristic of the acupuncture being properly performed, presented itself. In the first case, after having simply inserted the needle for a considerable number of times without any apparent effect in preventing a re-accumulation, it was in the future operations moved about, along the internal surface of the *tunica vaginalis*, with the intention of exciting some inflammatory action. This, however, had no better effect than the simple introduction of the needle.

"It may be stated that the cases above-mentioned were not well adapted for the plan, for in both the testicles were enlarged. This certainly is an objection to the success of the acupuncture, as well as to every other plan for a radical cure of hydrocele; but a little enlargement of this organ is a very common occurrence in this disease, and in the first case detailed the enlargement had almost completely subsided before he left the house. It appears to me that this operation is not likely to supersede the radical cure by injection, but that as a palliative it ought generally to be preferred to the use of the trocar; at the same time, I am of opinion that a frequent and long-continued use of the needle may in some cases effect a radical cure; and this view is supported by the fact, that after acupuncture has been repeated several times, the re-accumulation of fluid goes on less rapidly than after the first or second operation.—*Ed. Med. and Surg. Journ.* Jan. 1838.

35. *Dislocation of the Humerus, attended with a grating sensation on motion, leading to the supposition that the case was complicated with fracture.*—WM. LAWRENCE the distinguished Surgeon of St. Bartholomew's Hospital, in a recent clinical lecture, related the following case of this character.

"James Yarmsley, 40 years of age, was admitted into the hospital, on the 23d of March, 1838, for an accident to the shoulder, which had occurred on the 21st. A cart, in which he was riding was overturned; he was thrown violently to the ground, when the cart fell on him, and he remained under it for some time. The gentleman who first examined the limb, considered that there was a fracture, and therefore recommended that he should be sent from the country, where the accident happened, to the hospital. They who first examined the patient on his arrival entertained the opinion that there was fracture; and the case was accordingly mentioned to me as a dislocation of the shoulder with fracture. The dislocation was obvious enough, and it was soon ascertained that the humerus was not broken. A sensation like crepitus was perceived as distinctly as in a fracture, when the shoulder-joint was firmly grasped with one hand, and the arm moved with the other; also, when the upper end of the bone was raised by the hand passed under it in the axilla, the elbow being held by the other hand. The sen-

sation appeared to me more like the hitch or catch which might be produced by moving the articular head of the bone over an irregular hard surface, than the sharp grating of broken bones: the symptom, however, was so strongly marked as to lead to the opinion that the neck of the scapula was fractured. Never having seen a specimen of fractured neck of the scapula in any museum, and reflecting on the mode in which this portion of the bone is protected against external violence, I conclude that such an injury, if it ever happen at all, is extremely rare, and that it is the least likely to take place when the effect of the force has been spent in causing dislocation. As the existence of dislocation was unequivocal, while I doubted altogether respecting that of fracture, I deemed it advisable to make a cautious trial of extension, which I did on the 24th. When a moderate force had been applied, by two or three assistants pulling at the ends of a folded linen fastened above the elbow not more than five minutes, the bone went in, the mobility of the joint was restored, and there was no longer any crepitus or other indication of fracture.

"The head of the humerus, when dislocated, may lie upon the subscapularis, or between that muscle and the bone; or it may be placed in contact with the inferior costa of the scapula, near the glenoid cavity. In the two latter cases, the movement of the head over the bony surfaces, on which it rests, may impart a sensation closely resembling the crepitus of fracture. I remember a case of unreduced dislocation in this hospital, where the crepitus was so distinct that the injury was supposed to be fracture. The patient died: I do not recollect the details of the history, nor the cause of death. The head of the humerus was in contact with one of the ribs, the surface of which was bare."—*London Med. Gaz.* Nov. 17, 1838.

[A case of a similar character came under the care of the Editor of this Journal in the Wills Hospital in November last. The subject of it was a woman, from New Jersey, 60 years of age, short stature, robust, flabby muscular system. Eight weeks previously she had fallen down stairs and dislocated her right shoulder. Attempts at reduction had been made by a surgeon residing in her neighbourhood, and subsequently by two surgeons of Bordentown, N. J. without success. On examining her for admission into the hospital, we found the head of the humerus thrown forward and upwards, under the acromion scapulæ, and were immediately struck with a grating sensation when the bone was moved in certain directions, which at first led us to suspect that the dislocation was complicated with fracture. There was not however the sharp crepitus of fracture, but rather a sensation as if two bones covered with cartilage were rubbed together. The most careful examination failed to reveal any evidence of fracture, and we felt satisfied that the grating resulted from the rubbing the head of the humerus against the scapula or first rib.

The patient was suffering no pain from the position of the humerus, had considerable motion of the limb, and was able to use her hand in sewing, knitting, &c. She was desirous, however, of regaining the perfect use of her arm; and it was determined, in consultation with my colleagues, Dr. G. Fox, S. Littell, I. Parrish, and also of Dr. J. Parrish and J. R. Barton, to make such efforts for the reduction of the dislocation, as prudence justified. These attempts failed; and we recommended the patient to be satisfied with her present condition, and not submit to extreme violence which might produce rupture of the artery and a fatal result. She went home determined to abide by this recommendation.]

36. *Malignant Ulcer under the left ear cured by chloride of zinc.* By WM. DAVIDSON, M. D.—Neil Boyd, aged 40, servant, was admitted into the Glasgow Royal Infirmary, September 13, 1836. Under the left ear was situated an ulcer about half an inch in diameter, and extending from angle of jaw to lobule of ear, the under surface of which was involved in the ulcerative process. The ulcer was slightly excavated, presenting a dry grayish-colored warty bottom, from which there was occasionally a slight bloody exudation. Its margins were thickened, callous, and everted, the integuments being painful on pressure, and of a dusky-red colour. The ulcer first appeared

above six years ago in the form of a small red *papula*, which was attended with a lancinating pain. He complained of a dull uneasy sensation in seat of ulcer, but the pain was never very acute. No enlargement of submaxillary glands. On the 13th of September, chloride of zinc, uncombined with flour or gypsum, was applied to the ulcer, and it has produced to-day (14th) a very thick slough, which is firmly adherent.

"September 16th. The slough is detached; the surface of ulcer has a more healthy aspect, and is covered with purulent secretion. The chloride of zinc was repeated every three or four days, according as the slough was sooner or later detached, and was used six or seven times altogether. After the ulcer had assumed a healthy character, simple dressing, and the occasional light application of the nitrate of silver were employed, and he was discharged on the 6th of November, the ulcer being completely cicatrized. The chloride of zinc in this case was not combined with any other substance, as is recommended by some writers; but was simply applied to the ulcer, and allowed to deliquesce on its surface, using the precaution of preventing any of the fluid formed coming into contact with the neighbouring parts. Poultices were used during the whole time that this caustic was employed. The chloride of zinc seems also to answer well in removing warty excrescences, and I used it lately in a private case for removing a malignant looking excrescence, situate at the junction of the *ala* of the nose and the cheek, about the size of a gooseberry, and partially ulcerated. It had existed for seven years, was gradually increasing in size, and was the seat of occasional lancinating pain. The chloride of zinc was applied three times, at the interval of four days, and after the last slough was thrown off, there remained a pretty deep excavation, but which was speedily filled with healthy granulations, and soon cicatrized completely, leaving no suspicious trace of the former disease.

The chloride of zinc, however, seems only to be superior to many other caustics, in cases when the destruction of a considerable thickness of texture is required, or where the removal of an excrescence by a caustic is preferred by the patient to the knife; for the nitrate of silver, as shall be noticed under the article ulcers, seems to be superior in promoting a sound action, when the unhealthy stratum of the ulcer is superficial.—*Ed. Med. and Surg. Journ.* January, 1838.

37. *Treatment and Causes of Erysipelas.*—In the Report of Surgical cases treated in the Glasgow Royal Infirmary during the years 1836-7, by WM. DAVIDSON, M. D., we find the following interesting observations on Erysipelas, which prevailed epidemically in the wards during the period mentioned.

In the general treatment of Erysipelas, Dr. Davidson states, that "the antiphlogistic plan was only employed in a few cases in the commencement of the disease; for it was found that symptoms of debility in general appeared pretty early, more especially if diarrhœa was a concomitant, which was not unfrequent. The tonic plan was, therefore, found the most successful, and it consisted of wine, sulphate of quinine, light nourishing diet suited to the state of the digestive organs, laxatives or laxative enemata, and occasionally opiates at bed-time. The external treatment consisted of leeches, punctures, incisions, mercurial ointment, nitrate of silver applied in the form of a weak solution to the whole erysipelatous surfaces, or applied in the solid state in the form of a circle, with the intention of insulating the disease.

"Leeches and punctures were not found so beneficial as incisions; and the latter were generally practised, and made in various parts of the region affected, to the extent of from one inch and a half to two inches and a half in length, through the skin and cellular texture. In the slighter cases, where the disease appeared to be superficial, mercurial ointment, and a solution of nitrate of silver, consisting of ten grains to an ounce of water, were applied; but the latter was found the most efficacious of the two; and generally, on the day following its application, the swelling and redness were much diminished.

"The solid nitrate of silver succeeded in the great majority of cases, in preventing the spreading of erysipelas; and the following points require to be attended

to, in order to insure success. 1st. It must be applied to a sound part of the integuments, viz. a part where there is no swelling or redness; but as near as possible, so as to avoid this. 2d. The inflamed surface must be completely encircled by the caustic line. This may be effected in the following way. Take a pretty large hair-brush and moisten thoroughly with water the part that has been selected to the breadth of about an inch; then rub a cylinder of lunar caustic very freely over this moistened portion of the skin. Distinct vesication over the whole surface to which the caustic has been applied should be produced; for if this does not follow, the disease may extend beyond the line. And this is perhaps the reason why a saturated solution (consisting of equal parts of the salt and water) is not so certain as the solid caustic; for erysipelas seems to extend its boundaries by creeping along the cutaneous surface, before it affects the cellular tissue; hence, if its progress over the integuments can be checked its extension in the textures below will at the same time be prevented. In general, after the caustic has been thus applied, the inflamed integuments in the immediate vicinity of it become partially shrunk and puckered; but the state of the previously affected parts appears to be uninfluenced by it, and they proceed to resolution or suppuration, according to the nature of the case. Many cases could be quoted from the journals of the house, besides those already noticed, where this practice was adopted, in proof of the general efficacy of this mode of insulating erysipelatous inflammation; but their introduction would render this report too long.*

"A question of much practical importance relates to the causes of erysipelas, in as much as the prevention of the disease, and the separation of those affected with it from other patients, depend partly upon the opinions formed respecting this subject. I shall not attempt to discuss the contagious or non-contagious nature of the disease; or whether it can be generated by overcrowding a ward, and by want of cleanliness and ventilation; but simply state that, on two or three occasions, almost the whole patients of a particular ward have been affected with the disease in rapid succession; the first case, being generally a solitary instance, either occurring in the house, or brought to it when laboring under the disease. It has been further found, that, for several years back, the disease has only prevailed, to an epidemic extent, in two particular wards, both situate at the top of the house, and consequently better ventilated than those situate below them. These two wards were cleaned out, ventilated, fumigated and heated with very considerable care; and notwithstanding, the disease, in a short time afterwards, reappeared. Overcrowding was not the cause, when on this occasion the disease first returned; though at some other periods the wards were very full, owing to the numerous important cases that presented themselves for admission. Whether it be possible that the disease may be spread in consequence of the promiscuous use of sponges, towels, &c. I am not prepared to give any positive opinion; but certainly, as long as there is any doubt respecting this point, precautionary measures for preventing this should undoubtedly be adopted.

"The conclusions, therefore, which may be drawn from these statements, are

"1st. That there should be a ward, in every large hospital, exclusively set apart for erysipelatous cases; and the reasons for adopting this plan are at least equally strong, as for the separation of fever from other cases.

"2d. That every erysipelatous case should on admission be sent to this particular ward.

"3d. That all cases occurring in the hospital, where removal would not be injurious, should be sent to this erysipelatous ward as soon as the disease is discovered."—*Ibid.*

* It should be remembered that the late Dr. Physick employed blisters with the same view, that the nitrate of silver has been used by Dr. Davidson. The *modus operandi* of the two remedies is the same.—*Editor.*